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	Document	rage i or o
B22A (Official Form 22A) (Chapter 7) (04/10)		According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
In re: Minaya, Elexida Case Number:		 ☐ The presumption arises ☑ The presumption does not arise ☐ The presumption is temporarily inapplicable.
(If known)		

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS						
1A	Disabled Veterans. If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.						
IA	□ Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).						
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.						
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.						
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.						
1C	☐ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard						
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;						
	OR						
	b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.						

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		Part II. CALCULATION	OF MONTH	LY INCO	ME FOR § 707(b)(7) E	XC	LUSION	
	a. 🗌	Unmarried. Complete only Colum Married, not filing jointly, with de penalty of perjury: "My spouse and are living apart other than for the p Complete only Column A ("Debi	nn A ("Debtor claration of sep d I are legally s ourpose of evad	's Income' parate house eparated unling the req	P) for Lines 3-11. Cholds. By checking this bender applicable non-bankru uirements of § 707(b)(2)(A)	x, de	ebtor declare law or my s	es under pouse and I
2	c. 🗸	c. Married, not filing jointly, without the declaration of separate households set out in Li Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-					above. Con	nplete both
	d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.							
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.					I	folumn A Debtor's Income	Column B Spouse's Income
3	Gros	ss wages, salary, tips, bonuses, ove	ertime, commi	ssions.		\$	1,708.75	\$
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.							
·	a.	Gross receipts		\$	744.38			
	b.	Ordinary and necessary business e	expenses	\$				
	c.	Business income		Subtract I	Line b from Line a	\$		\$ 744.38
_	diffe	t and other real property income. rence in the appropriate column(s) onclude any part of the operating of V.	of Line 5. Do n	ot enter a n	umber less than zero. Do			
5	a.	Gross receipts		\$				
	b.	Ordinary and necessary operating	expenses	\$				
	c.	Rent and other real property incom	ne	Subtract I	Line b from Line a	\$		\$
6	Inte	rest, dividends, and royalties.				\$		\$
7	Pens	sion and retirement income.				\$		\$
8	expe that	amounts paid by another person enses of the debtor or the debtor's purpose. Do not include alimony of our spouse if Column B is complete	dependents, in r separate main	ncluding cl	hild support paid for	\$		\$
9	How was a Colu	mployment compensation. Enter the ver, if you contend that unemploys a benefit under the Social Security Amn A or B, but instead state the am	nent compensa Act, do not list	tion receive the amount	ed by you or your spouse			
	cla	employment compensation imed to be a benefit under the cial Security Act	Debtor \$		Spouse \$	\$		\$

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B22A (Official Form 22A) (Chapter 7) (04/10) Income from all other sources. Specify source and amount. If necessary, list additional 10

sourc	es on a separate page. Do not include alimony or separate maintena	nce payments
	by your spouse if Column B is completed, but include all other pay	
alimo	ony or separate maintenance. Do not include any benefits received u	nder the Social
Secui	ity Act or payments received as a victim of a war crime, crime against	humanity, or a
a vict	im of international or domestic terrorism.	
9		\$

a.	\$
b.	\$

Total and enter on Line 10 Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, 11 and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).

Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.

\$ 1,708.75	\$ 744.38

2,453.13

Part III. APPLICATION OF § 707(B)(7) EXCLUSION

13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.		29,437.56
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: Rhode Island b. Enter debtor's household size: 3	\$	76,573.00
	Application of Section707(b)(7). Check the applicable box and proceed as directed.		

The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.

The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)					
16 Enter the amount from Line 12.			\$		
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. \$ b. c. \$ \$ \$ \$ \$ \$ \$				
18	Curi	rent monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$		
Part V. CALCULATION OF DEDUCTIONS FROM INCOME					
		Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)			
	Natio	onal Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS			

National Standards for Food, Clothing and Other Items for the applicable household size. (This information

is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)

15

19A

12

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19B	health care amount, and enter the result in Line 19B.						
	Household members under 65 ye	ears of age	Hou	sehold memb	ers 65 years of	age or older	
	a1. Allowance per member		a2.	Allowance p			
	b1. Number of members		b2.	Number of r	nembers		
	c1. Subtotal		c2.	Subtotal			\$
20A	Local Standards: housing and util and Utilities Standards; non-mortga information is available at www.usd	ge expenses for the	e appli	cable county a	and household si		\$
	Local Standards: housing and util the IRS Housing and Utilities Stand information is available at www.usd the total of the Average Monthly Pa subtract Line b from Line a and enter	ards; mortgage/rer oj.gov/ust/ or fron yments for any del	nt expe n the cl bts sec	nse for your colerk of the ban ured by your h	ounty and family kruptcy court); one, as stated in	y size (this enter on Line b n Line 42;	
20B	a. IRS Housing and Utilities Standards; mortgage/rental expense \$						
	b. Average Monthly Payment for any, as stated in Line 42	d by y	our home, if	\$			
	c. Net mortgage/rental expense				Subtract Line	b from Line a	\$
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:						
							\$
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.						
Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.							
If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						\$	
22B		public transportation expocal Standards: Tr	on, and penses, ranspor	l you contend , enter on Line rtation. (This a	that you are enti 22B the "Public	tled to an	
	Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						\$

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Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.						
	a.	IRS Transportation Standards, Ownership Costs	\$			
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$			
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.					
	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$			
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a					
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.			\$		
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.			\$		
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			\$		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are			\$		
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			\$		
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare — such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.			\$		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.			\$		
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service — such as pagers, call waiting, caller id, special long distance, or internet service — to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			\$		
33	Tota	l Expenses Allowed under IRS Standards. Enter the total of Lines 1	19 through 32.	\$		

		Subpart B: Additional Living Note: Do not include any expenses that		32	
	expe	Ith Insurance, Disability Insurance, and Health Savings nses in the categories set out in lines a-c below that are reasse, or your dependents.			
	a.	Health Insurance	\$		
34	b.	Disability Insurance	\$		
	c.	Health Savings Account	\$		
	Tota	l and enter on Line 34			\$
	the s	ou do not actually expend this total amount, state your ac pace below:	tual total average monthly exp	penditures in	
	\$		The state of		
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.				\$
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			\$	
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.			ou must	\$
38	you a secon trust	cation expenses for dependent children less than 18. Entactually incur, not to exceed \$147.92* per child, for attendandary school by your dependent children less than 18 years tee with documentation of your actual expenses, and you asonable and necessary and not already accounted for i	nce at a private or public elen of age. You must provide you must explain why the amou	nentary or our case	\$
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.			\$	
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).				\$
41	Tota	al Additional Expense Deductions under § 707(b). Enter	the total of Lines 34 through 4	0	\$

st Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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		S	ubpart C	: Deductions for De	ebt Payment				
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.								
42		Name of Creditor	Property	Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?			
	a.				\$	☐ yes ☐ no			
	b.				\$	☐ yes ☐ no			
	c.				\$	☐ yes ☐ no			
		Total: Add lines a, b and c.							
	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.								
43		Name of Creditor	Name of Creditor		Property Securing the Debt				
	a.					\$			
	b.			\$		\$			
	c.					\$			
					Total: Add	l lines a, b and c.	\$		
44	such	ayments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, uch as priority tax, child support and alimony claims, for which you were liable at the time of your ankruptcy filing. Do not include current obligations, such as those set out in Line 28.							
	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.								
	a.	Projected average monthly chap	rojected average monthly chapter 13 plan payment.						
45	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			X				
	c.	Average monthly administrative expense of chapter 13 case			Total: Multiply Line and b	es a	\$		
46	Tota	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.					\$		
Subpart D: Total Deductions from Income									
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.								

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Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION									
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))								
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))								
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.								
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.								
	Initial presumption determination. Check the applicable box and proceed as directed.								
	The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.								
52	☐ The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.								
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 though 55).								
53	Enter the amount of your total non-priority unsecured debt	\$							
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.2 result.	\$							
	Secondary presumption determination. Check the applicable box and proceed as dir	ected.							
55	The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.								
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.								
	Part VII. ADDITIONAL EXPENSE CLAIMS								
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.								
	Expense Description	Monthly A	Amount						
56	a.	\$							
	b.	\$							
	c.	\$							
	Total: Add Lines a, b	and c \$							
Part VIII. VERIFICATION									
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)								
57	Date: September 24, 2010 Signature: /s/ Elexida Minaya								
	(Debtor	1							
	Date: Signature: (Joint Debtor.	if any)							

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.